

Center for Eating Disorders Care

at University Medical Center of Princeton

**Stop by and see us at
The National Association
of Social Workers of
New Jersey (NASW-NJ)
Conference**

**April 30 to May 2
Atlantic City, NJ**

**FREE Spring Lecture
and Breakfast**



May 4, 8:30 a.m. to 12:30 p.m.
Hilton Garden Inn, Edison, NJ

Topic: Getting Past the Barriers:
Nutritional and Psychotherapeutic
Strategies for Engaging “Difficult-
to-Treat” Patients with Eating
Disorders

Speakers: Tammy Beasley,
RDN, CEDRD, CSSD, LD,
National Coordinator for Nutrition
Education at Castlewood
Treatment Centers for Eating
Disorders, and **Melinda Parisi
Cummings, PhD**, Program
Director of the Center for Eating
Disorders Care at University
Medical Center of Princeton

RSVP to clane@princetonhcs.org
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For details and CE information,
visit ‘News & Events’ at
princetonhcs.org/eatingdisorders.



Eating Disorder Insights from the New Medical Director

Najeeb Riaz, MD recently joined the Center for Eating Disorders Care at University Medical Center of Princeton as Medical Director. Board certified in child and adolescent psychiatry, Dr. Riaz has experience in inner city and rural settings across the country and beyond. He conveys his perspectives on some relevant topics in the Q&A below.

PH *What’s the best approach to treating children and teens?*

NR Building rapport right away is key. It can be challenging to earn trust with patients who probably did not choose to enter treatment in the first place – generally someone else is guiding that decision for them. The first meeting can influence the entire course of treatment. Communicating that you are acting in their best interest takes experience and training, but it can start by making a connection about a patient’s interests or sharing your own human aspects. Acknowledging distress and explaining that they are not alone can help a great deal. If patients feel that you understand their concerns, they’re more likely to value your insight during treatment.

PH *How often do young patients present with co-morbidities?*

NR Very frequently, and it’s one of the most important things to identify right away. Sometimes medical problems can present as psychiatric issues, and that’s where a good screening and assessment process comes in. Eating disorder patients also commonly present with depression, anxiety, or trauma-related disorders, and the co-morbidity must be treated at the same time for recovery to be effective.

(continues inside)



PH *When does a child or teen with an eating disorder need a higher level of care?*

NR Body weight is a significant indicator; anything less than 90 to 85 percent of ideal body weight may necessitate treatment. (The CEDC is able to care for patients at as little as 55 percent or less of ideal body weight, depending on individual medical parameters.) Candidates for a higher level of care may also include those who are not responding to outpatient or partial hospital treatment, individuals who have a significant weight decline in a short time, those with health issues such as EKG irregularities and electrolyte imbalances, and those who need more supervision and structure to prevent purging behaviors. The earlier an eating disorder is detected and treated, the better.

PH *How do parents impact treatment?*

NR I believe that the art of child and adolescent psychiatry is to engage both the patient and the family. The parent or guardian is not your designated patient, yet still plays a critical role in treatment success. With eating disorders, the family generally is struggling a great deal. Our job is to help them understand and actively participate in the recovery process to achieve the best results.

About Dr. Riaz



Najeeb Riaz, MD was named Medical Director of the Center for Eating Disorders Care at University Medical Center of Princeton in the fall of 2016. His extensive experience working with young people includes serving as Chair of the Department of Psychiatry at Newark Beth Israel Medical Center, and as a child and adolescent psychiatrist in locations ranging from Bangor, Maine to Auckland, New Zealand.

Board certified in child and adolescent psychiatry, Dr. Riaz completed his residency at University of Rochester Medical Center and his child and adolescent fellowship at Stony Brook University Hospital.



Podcast on Treating Men and Boys with Anorexia

Eating disorders have been historically perceived as conditions affecting women, and while that perspective is changing, men and boys with eating disorders face additional stigmas and bring specific gender-related challenges to the treatment experience.

In this Gürze-Salucore “ED Matters” interview, Melinda Parisi Cummings, PhD, Program Director of the Center for Eating Disorders Care, shares her insights on these hurdles and how providers can address them.

To access the podcast, visit www.edcatalogue.com/12-mindy-parisi-men-boys-and-anorexia-1/



**Learn more about
the Center for Eating
Disorders Care**

Watch our video at
princetonhcs.org/eatingdisorders

Removing the Stress of Falling Behind

For young patients and their families, the thought of falling behind on schoolwork while in inpatient or partial hospital treatment for an eating disorder can be extremely stressful – and in some cases even a deterrent to seeking the necessary level of care.

“School is a major component of life for children and teens,” says Barbara Moses, a certified K-8 school teacher and the Academics Coordinator at the Center for Eating Disorders Care. “Many of our patients are high achievers, and the ability to keep up and maintain a routine academically during treatment is critical. It contributes to feelings of self-efficacy while alleviating the burden of being completely overwhelmed when they return to school.”

The Center for Eating Disorders Care offers a robust academics program for both inpatient and partial hospital patients. It features six teachers who are certified in high school science, mathematics, English, French, and Spanish in addition to Moses’ K-8 certification. Patients participate in sessions for several hours each day in a designated classroom with six computers along with connections for laptops.

With the approval of the patient’s parents, the academics team communicates directly and confidentially with guidance counselors or individual teachers to obtain class work and assignments. The team works with the school to modify assignments as necessary to ensure realistic expectations. On a weekly basis, completed work is sent back to the school so that teachers can keep up with grading.

“This program is different than simply providing tutors – we’re actually teaching the lessons that patients are missing,” adds Moses. “Working with the treatment team as part of the patient’s support system, our goal is to take academic stress out of the picture. We do everything with an eye toward making the transition home easier.”



“The eating disorder is bad enough, but to have lost her school year would have been doubly devastating. We cannot thank you [enough] for all that you have done.”

~ *Anonymous Parent*



Partial Hospital Program Branches Out

To further improve the treatment experience, the Adult Partial Hospital Program at the Center for Eating Disorders Care is expanding and will now operate separately from the Inpatient Program.

Enhanced features of the Partial Hospital Program include:

- The ability to accept referred patients directly, in addition to the program serving as a step-down option following inpatient care
- A separate dining room and group room/lounge
- Additional experiential treatment opportunities
- Two treatment program options: A full day (8 a.m. to 6 p.m., including three meals) or a shorter day (8 a.m. to 3 p.m., including two meals), both three to five days a week

“Partial hospital patients are generally ready to take on different challenges and explore greater independence with our support,” says Melinda Parisi Cummings, PhD, Program Director of the Center for Eating Disorders Care. “They can also benefit from group topics that further align with their needs, such as more intensive body image work or how to incorporate healthy exercise into their lives.”

The program enables patients to maintain the same treatment team throughout the recovery process for continuity of care. Experiential treatment opportunities include cooking groups, meals served family-style, take-out ordering, restaurant outings with staff, and grocery shopping excursions. The relapse prevention curriculum has also been expanded.

“Our program now more closely mirrors what patients encounter in the real world,” adds Dr. Parisi Cummings. “At the same time, they can process these experiences with the care team in a safe, supportive environment that continues to offer 24/7 access to medical care if needed.”

Exchanging Number Counting for a Balanced Plate



When patients are discharged and on their own, is it more important for them to recognize the general components of a healthy meal or to understand exact exchanges? Erin Riley, RD, CSSD, Senior Nutrition Therapist at the Center for Eating Disorders Care, would attest that the first approach can be a highly effective way to help facilitate successful post-treatment nutrition.

“Following exchanges has its role in the treatment setting, especially initially, but a balanced meal approach serves patients very well as they encounter a variety of experiences in the real world where there’s not a dietitian reviewing your selections,” she says. “When patients feel comfortable in knowing the components of a healthy plate, they can make better spontaneous food choices in any situation.”

Together with the other members of the nutrition team at the Center for Eating Disorders Care, Riley helps patients take the initiative to create daily menus that often include items from their list of “likes” while incorporating the components of a balanced meal. Patients learn to include starch, protein, fat, fruits, vegetables, and dairy in certain portions, and to select items that go well together, without having to rely on exact calorie counts or exchange numbers.

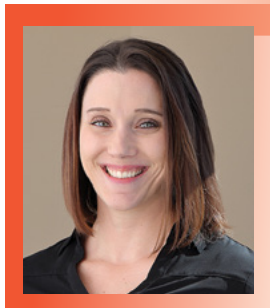
Practice through Experience

Throughout treatment, patients can practice applying what they’ve learned through a variety of experiential opportunities. These include regular trips with a dietitian to the cafeteria at University Medical Center of Princeton, cooking groups, and weekend passes. Patients then process these experiences with the treatment team to identify concerns or challenges and build on progress.

Family meals held at the Center for Eating Disorders Care are another important component of experiential treatment, particularly for children and teens. Facilitated by a dietitian and a therapist, these opportunities have the added benefit of coaching the family on addressing eating-related behaviors at home and effective interaction during meals to set the stage for sustained progress after discharge.

“Our goal is not only to provide the skills and tools patients and families can use moving forward, but also to create the opportunities they need to use them confidently,” says Riley.

Meet the Team



Erin Riley, RD, CSSD

A registered dietitian and certified specialist in sports dietetics, Riley has previously worked in ICU clinical settings, an eating disorders private practice, and even with the U.S. Air Force. At the Center for Eating Disorders Care, she provides one-on-one guidance, facilitates group nutrition education sessions, and helps patients prepare for greater independence. “Patients often come into treatment with many misconceptions about nutrition, and we offer them education, guidance, and reassurance,” she says. “There’s no one-size-fits-all approach to nutrition therapy. We meet patients where they are in the recovery process.”

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Art Therapy Inspires Non-Verbal Expression

Art therapy is one of many expressive activities that contributes to healing at the Center for Eating Disorders Care. The creative process acknowledges each person's unique expression, making it beneficial across all ages and ability levels.

“Using a language of visual imagery, patients can metaphorically access and express their feelings in a way that they may not be able to accomplish in words,” says Janet Waronker, MA, MCAT, LPC, who facilitates art therapy groups at the Center for Eating Disorder Care.

In particular, art therapy can help patients:

- **Connect with themselves and with others.** Often patients are given the opportunity to describe their creative process and the feelings it evoked in the group setting.
- **Solve problems.** Art can involve stepping out of one's comfort zone and taking risks to create a final product that holds emotional relevancy.
- **Loosen up perfectionist tendencies.** There's not one right answer when creating artwork; rather, it encourages people to set aside expectations – particularly when working in messier mediums, like paint, clay, and chalk.

“Just as the journey to recovery is different for everyone, no one painting or sculpture is exactly alike,” adds Waronker, who often uses guided imagery to walk patients through an art session. “In the end, attention to the process is more important than the ultimate product.”

